

**STATE OF VERMONT EMPLOYEE MEDICAL PLAN OPTIONS FOR  
RETIREES  
Effective January 1, 2012**

Benefit/Feature	TotalChoice Plan	SelectCare POS Plan - <b>NEW FOR 2012</b>		HealthGuard PPO Plan	
		In-Network	Out-of-Network	In-network	Out-of-Network
Annual DEDUCTIBLE	\$300 per person; \$600 per family	none	\$500 per person; \$1,000 per family	\$300 per person; \$600 per family	\$500 per person; \$1,000 per family
MAXIMUM annual COPAYS (after deductible is met)	\$750 per person; \$2,250 per family	none	\$2,000 per person; \$6,000 per family	\$2,000 per person; \$6,000 per family	\$4,000 per person; \$12,000 per family
Maximum Lifetime Benefit Per Member	none	none	none	none	none
PERCENTAGE THAT THE PLAN PAYS					
Inpatient Hospital	90%	100% after \$250 co-pay	70%	80%	60%
Outpatient Hospital	80%	100%	70%	80%	60%
Emergency Room	80%	100% after \$50 co-pay (waived if admitted)	70%	80%	60%
Physician Charges					
• Office visit	80%	100% after \$15 copay	70%	80%	60%
• Surgery	90% inpatient; 80% outpatient	100%	70%	80%	60%
• In-Hospital visit	90%	100%	70%	80%	60%
Diagnostic X-ray and Labs	80%	100%	70%	80%	60%
Home Healthcare	80%	100%	70%	80%	60%
COMMON BENEFITS IN ALL PLAN OPTIONS					
Preventive Exams & Tests-Program Benefits	1. Physicals (includes well child care). 2. Immunizations 3. Prostate & GYN exams. 4. Mammograms. Included as regular benefis subject to the plan coinsurance, or copay, if applicable. However, maximum out-of-pocket expense of \$25 applies. 5. Colonoscopies. Included as regular benefis subject to the plan coinsurance, or copay, if applicable. However, maximum out-of-pocket expense of \$100 applies. Benefits provided to all members, including dependents.				
Wellness Program Benefits	Available to all active employees and retirees in any of the four health plan options, at no charge to the employee or retiree				
COMMON BENEFITS IN ALL PLAN OPTIONS EXCEPT THE SAFETYNET PLAN					
Mental Health & Sustance Abuse Program Benefits	In-Network: Paid at 100%. No predetermined visit or day limits. Out-of-Network: Visit & day limits apply. Deductibles & copay required.				
Prescription Drugs					
• Retail	This is a prescription drug card plan, which combines both local retail and mail order drugs. There is an annual \$25 per person/\$75 family deductible. Individual pays 10% copay for generic drugs, 20% copay for preferred brand drugs, and 40% copay for non-preferred brand drugs. 40% copay drugs will <b>not</b> be counted toward the maximum out-of-pocket limit, except for Speciality drugs. Maximum out-of-pocket is \$775 per covered member per year for both retail and mail order <b>including</b> the deductible.				
• Mail					
Routine Vision Care	The plan pays \$100 every two years, with no deductible and coinsurance, or copay. Benefits available for every plan member, <b>including dependents</b> . Covers routine exams and/or lens changes.				